

PRESIDENTIAL ADDRESS

OUR FORGOTTEN MAJORITIES

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In 1973, Robert Goltz [1] pointed out that presidential addresses before this Society have fallen into three groups: those related to scholarly reviews of specific topics, those that deal with philosophical topics, and those that approach administrative matters. Inasmuch as this presentation enjoys the privilege of no rebuttal, I could be tempted to discuss acne vulgaris, but the subject has been well reviewed in recent years. However, since I have reflected on the activities of the Society a great deal during the past 13 years in which I have been either a member of the Board of Directors or an officer, I think it is more important for me to spend my time discussing one of the major problems that confronts our Society.

In recent years many changes have been made in the Society, as summarized in the reports by Drs. Goltz [1] and Hambrick [2], but I believe that the most far reaching has been the change in the pattern of our meetings. For many years our only meeting was held immediately before or in conjunction with the meeting of the American Medical Association. Then for several years we held a one-day meeting in Atlantic City preceding the meetings of the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians, and a few weeks later held our own Annual Meeting just before the American Medical Association meeting. At present our yearly meeting is held immediately before the meetings of the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians and we do not have a meeting at the time of the annual meeting of the American Medical Association. This change took several years to consummate and, as you are all aware, several alternatives were tried. From the point of view of investigative dermatology, I firmly believe that meeting with these organizations is an absolute necessity, and our association with them has had a favorable influence on the stature of our Society. If you look around at our meeting you will see members of other specialty groups with an

increasing frequency. While the association with the clinical research groups was the overriding reason for changing our meeting pattern, the difficulty of planning two meetings so close together was a contributing factor. Finally, it was unreasonable to expect our members to attend two meetings, one held so soon after the other. Dropping the association with the American Medical Association was a difficult decision, but I am convinced it was right and our only logical course. It has been discussed at length by Committees and Boards of Directors. What I want to discuss with you is its impact on the membership.

The Society, as of last year, had 2273 members. Of these 1291 were active, patron, and individual sustaining members; 819 were resident/fellow members; and 163 were honorary, inactive, or corporate sustaining members. The first two groups, comprising 2110 members are the real heart of the Society, but only 267 members registered at our Annual Meeting last year. This represents less than 15% of our members. The total meeting attendance was greater for there were 55 guests who registered. The pattern has been essentially the same for all recent meetings, even when the meetings were held with the American Medical Association. Contrast this with the figures for the American Academy of Dermatology where over 75% of the membership attended the most recent meeting. Obviously, we will never approach these attendance figures, but we should be able to compare our attendance to that of the American Federation for Clinical Research which meets at the same time and place. Approximately 27% of the members attended the 1975 Annual Meeting.

Our Society is made up of academically oriented physicians, other scientists with a major interest in dermatology, practicing dermatologists, and dermatologic trainees. The attendance at our meetings is primarily from the first two groups, which I would estimate include approximately 200 to 300 individuals. The other two groups (practicing dermatologists and trainees) comprise what I am calling "our forgotten majorities." It is to them that this presentation is addressed. The Board of Directors and the Goals Committee are acutely aware of the problems of orienting the activities of the Society for the total membership and are constantly looking for the correct answer. What can and what is being done for the majority of our

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members? The problem is not simple, as the needs of the various members are different. In fact, within the academic group itself, the pattern of meeting attendance is a little disturbing. Our major attendance comes from the younger academic group. Over the last few years I have noted that considerably fewer than 50% of the departmental chairmen are at our meetings, so that even within this group, wherein our strength and support should be, is in truth a "forgotten majority." This group is important to consider, as the pattern is clearly different than for the other clinical research groups. I am sure that almost every Chairman of a Department of Medicine is going to be in Atlantic City this weekend.

There are several solutions that must be considered. One prominent problem has been that by tradition the American Federation for Clinical Research, the American Society for Clinical Investigation, and the Association of American Physicians always have met in Atlantic City. At the risk of having the Chamber of Commerce descend upon me, I am certain that none of our members considers this their choice for a convention city. This problem, I am happy to state, is about to be solved, inasmuch as the other groups are leaving Atlantic City. Their next three meetings are scheduled in Washington, San Francisco, and Miami. Our next three Annual Meetings will be held in these cities.

Nevertheless this alone will not increase our meeting attendance. We must make our program of more general interest. This can be and has been done in several ways. First of all, the workshops are designed to give people an opportunity to participate more actively in the Society. Secondly, the special lectures on more general topics are of broad interest and have been a great success. Furthermore, the scope of the program has been expanded at no extra cost of time by instituting poster sessions. These not only allow more presentations, but also allow personal one-to-one contact between the presenter and the audience. What other changes can be made? I would like to see the poster sessions expanded. The alternative to increased poster sessions would be to have simultaneous formal sessions. This, I feel is unwise. I also am against the idea of increasing broad topic coverage at the expense of the 10- to 12-minute original research presentations. The latter must be maintained as they represent a two-way street. Not only does the listener learn, but often the presenter learns more through constructive criticism. On the other hand, we need more flexibility of time for presentation. Interestingly, if one reviews the early minutes of the Society, speakers were assigned different lengths of time for their presentation, yet for the years that I have attended Society meetings the time for all presentations has been fixed at 10 to 12 minutes. I would like to see the Program Committee be permitted this time flexibility again. Some excellent presentations require only 5 to 10 minutes; others may require 20 minutes.

These changes in the pattern of the meeting will not solve the problem of making our meeting attractive to the practicing dermatologist. We need a clinical research-oriented meeting held either with another clinical meeting or in a regional location. For the reasons already given, meeting with the American Medical Association is not practical. On the other hand, for several years the Board of Directors has proposed that our Society arrange a clinical research meeting in conjunction with the American Academy of Dermatology. The Academy has refused permission for our direct participation, but in 1975 there was a symposium on the clinical relevance of laboratory research chaired by our Secretary-Treasurer. The speakers, chosen from those who presented papers at our last Annual Meeting, were specifically selected because it was felt that the topics would be of interest to dermatologists in general. All six speakers gave superb presentations although we were not allowed to identify the session as associated with the Society for Investigative Dermatology. The presentations were just what our clinical members wanted, namely relevant clinical research. This year the clinical research symposium is being continued by the American Academy of Dermatology and will be selected by the same type of review system as we use for our own meetings. This is just what we have requested in past years. Certainly we should be glad that this has become a reality and should support the symposium. We hope, however, that the Society will be permitted to participate officially and that the session will be identified in some way with the Society for Investigative Dermatology. The Society for Investigative Dermatology is the research wing of our specialty in this country and the Society should be involved officially in the midwinter clinical research session.

Regional programs also should attract more of a general audience. In certain regions these meetings are off and running, in others they still have growing pains. While I personally was opposed to the regional meeting concept when it was first proposed, I now feel that these meetings should serve as our second meeting for the general membership. They should be held, if possible, in conjunction with regional clinical meetings. While our younger members should have ample time to present reports of on-going research, the meetings should also include special lectures which will be of interest to the clinician. The Society should provide financial and administrative support to improve these meetings as they, in truth, represent a vital cog in the future development of the Society.

I would like to address a few comments to the resident-fellow members of the Society. They represent the future leaders of the specialty, both academically and clinically. They are presently all members of the Society through a generous grant from a pharmaceutical concern. But how many would be members if they had to pay their own dues? The fact that approximately one-third of the

resident-fellow members convert to regular membership on completion of their training indicates that the program has been successful, and those that have joined have been the backbone of our increased membership in the past few years. On the other hand, the Resident-Fellow Forum, named in honor of Dr. Irvin Blank, has not had a large audience. At most, about 10 to 15% of the residents attend the Forum and the regular meeting of the Society. This represents on average only one resident per trainee program. We are open to suggestions on how to improve these numbers. It is essential to our future growth. There are resident-fellow members of the Board of Directors and these individuals want to increase participation of their peers in Society functions.

So far I have mentioned only our meetings. The other interface with our members is through *The Journal of Investigative Dermatology*. The criticism that one often hears is that the articles in *The Journal of Investigative Dermatology* are not of interest to the practicing dermatologist. *The Journal of Investigative Dermatology* must serve as a forum for the publication of scholarly studies in investigative dermatology. Nevertheless, the Editorial Board is extremely interested in publishing good clinical research. They cannot, however, publish work which is either not done or not submitted to them. Within recent years a number of symposia

of interest to the practicing dermatologist have been published in the Journal. Furthermore, the expansion of *The Journal of Investigative Dermatology* to an international publication should increase readership interest.

The Society for Investigative Dermatology is the second largest dermatologic organization in the world, and is the second oldest organized dermatologic association in the United States. We must, however, resist the temptation to develop middle-age tranquility. In order to retain a youthful bloom, we must continue to make constructive changes that will benefit our entire membership, be it the academician, the clinician, the interested scientist, or the trainee. The help of every member will be necessary to reach this goal and you, the members, should make your needs known to the officers of the Society. Based on my own 13 years' experience as an officer, I know that the members of the Board of Directors are willing to listen and institute rational changes. It is up to all of our members, and particularly "our forgotten majorities" to help us move in the right direction.

REFERENCES

1. Goltz RW: The Society for Investigative Dermatology, progress notes, June 23, 1973. *J Invest Dermatol* 61:257-260, 1973
2. Hambrick GW Jr: Challenges—then and now. *J Invest Dermatol* 59:273-278, 1972